

Kentucky Department for Medicaid Services

**Drug Review Decisions**

The following chart provides a summary of the final decisions by the Secretary for Health Services based on the recommendations from the Pharmacy and Therapeutics (P&T) Advisory Committee at the May 15, 2003, meeting. The final decisions were made after review of the committee's recommendations.

	Description of Decision	Final Decision by the Commissioner and the Secretary – May 15, 2003
#1	<p>The Secretary has made the final decisions regarding the May 15, 2003 Pharmacy and Therapeutics Advisory Committee Meeting.</p> <ul style="list-style-type: none"><li>➤ Ranitidine tablets are preferred and ranitidine capsules require prior authorization for those recipients over 10 years of age.</li><li>➤ Place a restriction on fluoxetine 40mg capsules – requiring the use of two fluoxetine 20mg capsules to achieve this dosage.</li><li>➤ Require the use of fluoxetine 20mg capsules instead of fluoxetine 20mg tablets – fluoxetine 20mg capsules have a Federal Upper Limit in place.</li><li>➤ Fluoxetine immediate release capsules are preferred. Place a prior authorization on Prozac Weekly with a quantity limit of four units per month.</li></ul> <p>The recommendations concerning tablet splitting of Celexa, Lexapro, Paxil, and Zoloft are under review pending communication from the Kentucky Board of Pharmacy.</p>	Final Decision Approved